

MULTIPLE DEPEN
CLAI
FEE CALCULATION SHEET
(FOR USE WITH FO PTO-875)

SERIAL NO.

FILING DATE

10/595350

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.		DEP.		IND.			IND.		DEP.		IND.		
1	1						51							
2		1					52							
3			1				53							
4				1			54							
5					1		55							
6						1	56							
7		1					57							
8			1				58							
9				1			59							
10					1		60							
11						1	61							
12							62							
13	1						63							
14		1					64							
15			1				65							
16				1			66							
17					1		67							
18						1	68							
19							69							
20							70							
21							71							
22	1						72							
23		1					73							
24			1				74							
25				1			75							
26					1		76							
27		1					77							
28			1				78							
29				1			79							
30	1						80							
31		1					81							
32			1				82							
33				1			83							
34					1		84							
35						1	85							
36	1						86							
37		1					87							
38			1				88							
39				1			89							
40		1					90							
41			1				91							
42				1			92							
43					1		93							
44						1	94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	0		↓											
TOTAL DEP.	31	↑											↓	
TOTAL CLAIMS	40													